

**City of Rockford, Illinois**

Community & Economic Development Department  
 Construction and Development Services  
 425 East State Street, Rockford, IL 61104  
 Phone: (779-348-7163 Fax: (815) 967-4243  
 Web Site: rockfordil.gov


**SPECIAL USE PERMIT RENEWAL APPLICATION FORM**

(Please Type or Print)

**FILE #:** \_\_\_\_\_**1. Address of subject property:** \_\_\_\_\_**2. Property Code Number(s):** \_\_\_\_\_**3. Owner of record is:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
 \_\_\_\_\_  
 (Address) (City) (State) (Zip)
**4. Applicant's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
 \_\_\_\_\_  
 (Address) (City) (State) (Zip)

**5. Applicant's interest in the property:** \_\_\_\_\_  
 (owner, agent, contractor, Realtor, etc.)

**6. Special Use Permit for:** \_\_\_\_\_ in a(n) \_\_\_\_\_  
 \_\_\_\_\_ Zoning District.
**7. Approved Special Use Permit Number(s):** \_\_\_\_\_**8. All existing uses on the property are:** \_\_\_\_\_**9. The proposed uses on the property, if this application is approved are:** \_\_\_\_\_

**THE APPLICANT'S SIGNATURE BELOW INDICATES THE INFORMATION CONTAINED IN THIS APPLICATION AND ON ANY ACCOMPANYING DOCUMENTS IS TRUE AND CORRECT.**

 \_\_\_\_\_ / \_\_\_\_\_  
 (Name of applicant) (Name of Owner, if different)

 \_\_\_\_\_  
 Date:

(Signature of applicant)

Zoning Map Number: \_\_\_\_\_ Date of Public Hearing: \_\_\_\_\_ Filing Fee: \$459.80

Is Illinois Department of Conservation review required? \_\_\_\_\_

Is Illinois Department of Transportation Access Permit required? \_\_\_\_\_

Is Winnebago County Highway Department Access Permit required? \_\_\_\_\_

**Application accepted by:** \_\_\_\_\_